



COUNTY OF DUTCHESS
BOARD OF HEALTH

DUTCHESS COUNTY BOARD OF HEALTH

Minutes

Thursday, November 17, 2022

The regular monthly meeting of the Dutchess County Board of Health was held virtually on Microsoft Teams and at the Dutchess County Department of Behavioral & Community Health (DBCH), 85 Civic Center Plaza – Suite 106, Poughkeepsie, NY 12601 on the above date.

PRESENT: Alexander Cohen, MD (Virtual)
John Fallon, NP (Virtual)
Laura Fil, DO
Lobsang T. Lhungay, MD, President
David McNary, Vice President
Maria Muller, RN (Virtual)
Marc Nelson, MPA, Secretary

ABSENT: Doug McHoul, Legislative Rep.
Melissa Nelson-Perron, MD

VISITORS: Monique Jones Kusmuk, DC DBCH Associate Public Health Sanitarian
Ildiko Rabinowitz, AVP, Health Equity, Diversity & Inclusion, Nuvance Health
Anthony Ruggiero, MPA, DC DBCH Assistant Commissioner of Administration
Livia Santiago-Rosado, MD FACEP, DC DBCH Commissioner
Debbie Thomas, MHA, DC DBCH
Director of Performance Management & Data Analytics

CALL TO ORDER – Dr. Lhungay called the meeting to order at 4:03 p.m.

DECLARATION OF A QUORUM – A quorum was called.

PRESENTATION – Advancing Health Equity, Diversity & Inclusion at Nuvance Health

Ms. Rabinowitz is the Assistant Vice President of Health Equity, Diversity, and Inclusion at Nuvance Health, Vassar Hospital, and came to Nuvance approximately 8 months ago from North Carolina working in Diversity and Health Equity. Ms. Rabinowitz is a registered nurse that was educated in Europe with social medicine and has experienced many different populations

and levels of care based on the resources available. She was hired by Nuvance to change the culture of equity for everyone, patients, families, & employees. The goals for Nuvance Health's approach to embedding health equity, diversity & inclusion throughout the organization is to create an environment where Nuvance becomes the provider of choice, employer of choice, and leader in health equity. The biggest point of this is to be available for all populations and not have anyone fall through the cracks, be a provider for a system that really cares for everyone. When the Community hears Nuvance Health, they will know that they will get a personal, trusted, innovative care where people listen to them, speak their language, and try to understand where they are coming from. Nuvance is doing a lot of work to become a diverse workforce by reaching the populations represented in the community, creating pathways for employment, especially for entry level jobs, and providing equitable opportunities for jobs and remain in those jobs. Nuvance needs to have a workforce that represents the population they are serving to provide the culturally sensitive, linguistically congruent care. They have a very high turnover rate but recognize they won't be able to create a safe environment where patients and employees are staying with them if they are not removing barriers.

To meet the first goal, provider of choice and a commitment to providing culturally and linguistically congruent care, they are starting with a lot of education. They are rolling out modules to specific groups, in different phases, on cultural competency and cultural humility. When Ms. Rabinowitz started with Nuvance, she did a complete data request and discovered they needed to add some of the languages they didn't have in their system and additional coding. After January 1st they will be rolling out an expanded demographic data collection including race, ethnicity, preferred language, sexual orientation, and gender identity. This will require educating the workforce so we are holding virtual trainings and webinars which will also give employees an opportunity to ask questions so they are comfortable asking questions of the patients, especially on sexual orientation and gender identity. Mr. McNary asked if Nuvance is considering what they can do to assist with prevention and public health? Nuvance does not have an extensive public health committee but she feels it will be expanding. Dr. Santiago suggested that by only gathering information on the people who are coming to Nuvance there will be gaps because you also need to collect data on people who are not coming to Nuvance and using other health care systems. Ms. Rabinowitz stated she did try to do some data sharing to gather more information but that was not very easy. Nuvance is trying to teach employees to pause, think about some of those uncomfortable topics, and not assume you know by looking. It is Nuvance's responsibility to create a safe space for patients to be able to share difficult, uncomfortable information. They are looking at inclusiveness to create a culture of best care and better patient outcomes which includes family viewpoints, cultural competency, health literacy & patient education, community engagement, equity in access, language services, full transparency and delivery of information, and collaborative care.

To work on the second goal, employer of choice for all communities, Nuvance has already hired 4 navigators from diverse backgrounds to go out into the community (colleges, high schools, universities, companies, etc.) and share what employment opportunities there are available, host job fairs, and attend job fairs. They are also working with human resources on sharing data

to make sure they are meeting hiring targets based on the populations we are serving. Nuvance also looked at community supports, to see who is trained in the community, and teaching our department leaders interviewing skills. They are reviewing data to improve the hiring processes by seeing who we interview, how we interview, what qualifications are needed to get an interview, and why someone didn't advance to a second interview. Ms. Rabinowitz is also reviewing exit interviews to see what grievances employees have when leaving and reviewing patient surveys to see what grievances they have. They have a very high turnover rate, especially for people of color, to address this, they want to create a sense of belonging and provide equitable opportunities for success. To help with this they created employee resource groups for people to get together, share ideas, collaborate on projects, and interact with the community. Some of these resource groups are LGBTQIA+ and Allies; Women's; Thrive and Allies; Working Parents; Hispanic/Latino; Black/African American; Disabilities and Allies; Veterans; Asian American/Pacific Islander; Coexist/Interfaith ERG; and Environmental & Social Governance. Giving lots of opportunities to address all issues that are creating barriers for people: anxiety, depression, employee or family member struggling with something, etc. Each resource group will have a measurable goal of their choosing. How do you move this extensive internal diversity to the community? Ms. Rabinowitz stated that she feels that the employees involved in these groups will bring the community in by going out into the community, cultivating those relationships, and making a difference in the community.

To meet goal number 3, being a leader in health equity, they are tailoring care based on backgrounds and for the workforce they want to make sure they are setting them for success and breaking down the barriers. They will be working with local church groups to build trust in the community and share knowledge. The goal is to be involved in all churches of all races and ethnicities so they are establishing an interfaith equity coalition so they can meet the people in their own spaces, where they are more comfortable. Ms. Rabinowitz is also asking the Foundation for some positions to help assist with this work as she does not have a budget to hire anyone to help her.

Nuvance is working on the CHIP as DBCH is and completed a Community Health Needs Assessment Survey. They collected 432 surveys from the community, but Ms. Rabinowitz states they can do a better job as the surveys were not an accurate representation of the community. They need to have people collect the surveys in a more equitable way. Ms. Rabinowitz reviewed the data collected from the surveys. The areas with the biggest gaps were in behavioral health, chronic disease, and health safety. Some of those chronic diseases are hypertension, obesity, and cancer. In the end, the top two are chronic disease and mental health. Nuvance Health is also going for SQL designation to make sure we are meeting the requirements and doing the work to improve. So they are applying for NCQA Designation and hope to in a few years be able to apply for the Health Equity Accreditation Plus but they need to do the basics first. Implicit Bias training was required by Connecticut State Law so we have already rolled out that training for all of our hospitals and their staff.

Nuvance is meeting with department chairs to develop task forces to work on quality of care outcomes, breaking down data, and finding gaps and then working together to close those gaps. As example: for Hypertension, we created two major task forces working collaboratively, Hypertension Taskforce and LGBTQ Taskforce. The hypertension taskforce includes research, foundation, nursing, pharmacy, all who address hypertension for the internal and external communities. The other taskforce, LGBTQ employee resource group, is starting to go through every single element of the Healthcare Equality Index to look at disparities for the LTBGQIA+. Each taskforce has subcommittees and a diverse group of people participating. Hypertension alone has over 85 people participating and none of them are providers.

Mr. McNary stated the county is 13th – 17th in Health Status ranking in New York among other counties. What one or two things could Nuvance do with the Board of Health and the Department? Ms. Rabinowitz stated collaboration and connection to services, so we aren't working in silos. There is a lot of room to grow for Nuvance and the opportunity to pull all our resources and services together. DBCH is focusing a lot on prevention, and you are focusing on treatment which is vastly different. Nuvance is aware that they need to do more with prevention and they are discussing different options, for example working with schools to see how we can catch mental health issues earlier. Also, connecting patients to services in the community to assist in prevention.

Dr. Santiago asked the question if the rollout is targeting equality or equity? Because the evolution of Nuvance has not been equitable between the East and the West side. As an advocate for Dutchess County, there are some gaps in the New York side that are perhaps a lot deeper than in the Connecticut hospitals. Ms. Rabinowitz stated community worker teams who connect patients to services in the community were created in the Connecticut hospitals first and have funding. It's urgent that Vassar get staff to function in this capacity. Dr. Santiago stated there is some potential for collaboration in this capacity with the County and the possibility of potential funding from the federal government coming down the road on this subject. A missing link is a safety net, and this platform could be the net. There is a lot of people doing a lot of good work but we need to have connections so that community members are referred and then follow-up to make sure the connection is happening. The goal would be a shared platform that all have access to with follow-up for patients who may not follow through getting to the appointments and services. Mr. Nelson wants to know where the data goes? There are dashboards used for collecting all the data. When did the implicit bias training start? Its online and started 2 – 3 months ago.

MINUTES – The minutes from October 20, 2022, for the public hearing and Board of Health meeting were reviewed. Mr. Nelson made a motion to approve the Public Hearing Minutes and the Board of Health Meeting minutes from October 20, 2022, Dr. Fil seconded, and the minutes were approved unanimously.

SECRETARY'S UPDATE – No correspondence

COMMISSIONER'S REPORT – No report

COMMITTEE REPORTS

HEALTH DISPARITIES – Dr. Fil reported that they held the first meeting and it came to their attention that there are quarterly agency meetings and our committee is going to start attending those meetings so we can meet more people, hear about issues, and connect with more agencies. We now have an email address healthdisparities@dutchessny.gov.

LEGISLATIVE REPORT – Mr. Ruggiero reported that John Fallon is up for re-appointment at this month for the Board of Health. The public hearing for the budget will also be at the next Legislative Meeting.

OLD BUSINESS

ARTICLE 25 SUBMISSION – The changes have been sent to the NYSDOH Environmental Division and we are just waiting for the certified copy to be sent back to us and then filed with the County Clerk's office.

BOARD OF HEALTH MISSION STATEMENT – table to next month

NEW BUSINESS – No new business

MOTION TO ADJOURN: Mr. Nelson made a motion to adjourn the meeting, Mr. Fallon seconded, all were in favor and the meeting adjourned at 5:24 p.m.

NEXT SCHEDULED MEETING: Thursday, December 19, 2022, at 4 pm

2022 EXECUTIVE POSITIONS FOR THE BOARD OF HEALTH

Dr. Lobsang T. Lhungay – President
David McNary – Vice President
Marc Nelson – Secretary

Minutes signed by:



Marc Nelson
Secretary of the Board of Health



Wendy Cady
Recording Secretary